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TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.
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Jonathan E. Fielding, M.D., M.P.H.
Director of Public Health and Health Officer

SUBJECT: **NEEDLE EXCHANGE CERTIFICATON PROGRAM**

On August 29, 2000 the Los Angeles County Board of Supervisors (Board) instructed the Department of Health Services (Department) to develop a plan to certify needle exchange programs in Los Angeles County on a replacement basis. Although the implementation plan, program guidelines, a detailed policy and procedure manual, a Request for Applications, and agreement to be used for needle exchange programs approved for certification were developed, needle exchange certification was not implemented by the Department.

On June 14, 2005 the Board of Supervisors instructed the Department to report on progress made in implementing needle exchange certification on August 2, 2005. This report provides a status report on the work to date to certify exchange programs in Los Angeles County and requests permission to use Tobacco Master Settlement Agreement funds in the Department's current allocation to expand needle exchange services.

Public Health staff met with a representative of the City of Los Angeles AIDS Coordinator's office to discuss re-initiation of needle exchange certification on June 23, 2005. Discussions included revisiting the June 17, 2004 memo from the City of Los Angeles (City) as well as the reviewing the current status of needle exchange programs funded by the City. City staff indicated that, based on discussions with the seven needle exchange programs, lack of funding remained a major barrier to implementation.

A subsequent meeting was held with representatives of the City funded needle exchange programs on June 29, 2005. Although the programs were interested in needle exchange certification, lack of funding was cited as a major barrier reducing the likelihood that current needle exchange programs would participate in the certification process. The seven City funded needle exchange programs currently are operating at capacity. Each program receives less than $50,000 per year from the City to provide needle exchange services. Although there are significant injection drug user populations in other areas of the County, the needle exchange programs indicated that they would be unable to expand their services without additional funding for staff and supplies.

Currently there are insufficient NEP services to address the needs of active injection drug users in Los Angeles County. The attached document provides additional information regarding the need to expand needle exchange services in Los Angeles County and identifies priority areas for expansion based on information from current NEPs and local research and surveillance data.

In order to meet this need we propose a two-phase implementation plan that would fund certified needle exchange programs to provide services to a significant proportion of Los Angeles County's IDUs. In Phase I, a minimum of four street-based and one fixed-site needle exchange programs would be funded for a total of $500,000. These sites would be established in the areas of highest need. In Phase II, pending evaluation of Phase I, needle exchange would be expanded to other high need areas, offering up to $1,000,000 through a Request for Applications to support at least one additional fixed-site and additional street-based certified exchange sites.

The Department has recommended the use of $500,000 of Tobacco Master Settlement funds to support Phase I of the expansion. We are in the process of revising our needle exchange certification documents including the Needle Exchange Certification Implementation Plan, Policies and Procedures Manual, and Request for Applications (RFA). Pending Board approval of the use of Tobacco Master Settlement Agreement funds we will re-convene the Needle Exchange Certification Workgroup and prepare to release the RFA for certification and expansion of needle exchange services.

We will provide the Board with an update on the RFA process in 60 days and will return to the Board to request approval of contracts as soon as the RFA process has been completed. In the meantime if you have any questions or need additional information please let either of us know.

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Attachment

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

Additional Information Regarding Needle Exchange Program Expansion

This document provides additional information regarding the need for expanded certified needle exchange. In addition to providing updated information regarding the numbers of IDUs in Los Angeles, we identify estimates of the proportion of injection drug users (IDUs) currently served by needle exchange based on local substance abuse treatment and surveillance data.

New estimates of numbers of injection drug users in Los Angeles County. 1998 research indicated a mid-range estimate of 155,000 IDUs in Los Angeles County.[1] More recent estimates of the size of the IDU population based in part on HIV rates resulted in lower figures. Estimates of IDUs in the Los Angeles-Long Beach Metropolitan Area range from 45,365 to 99,385 with an average estimate of 66,430 or 72 IDUs per 10,000 population. Using this rate to estimate the number of IDUs in Los Angeles County results in an estimate of **72,000 active IDUs**.[2]

Few IDUs have access to needle exchange services. Researchers generally agree that there are insufficient needle exchange programs (NEPs) to serve the needs of IDUs. Estimates from Tacoma Washington and New Haven Connecticut indicate that NEPs only reach about one half of the IDUs on an intermittent basis. These estimates are important because these cities were the first to establish and actively support NEPs in the early 1990s.[3] Nationwide, 1997 estimates indicated that only about 10% of IDUs have access to needle exchange services.[4]

The number of IDUs using County funded drug treatment services is increasing. Los Angeles County Alcohol and Drug Program Administration (ADPA) data for the 2003/2004 and 2004/2005 fiscal years indicates that the numbers of injection drug users receiving drug treatment services has increased. From FY03/04 to FY04/05 the IDUs in County funded alcohol, drug and narcotics treatment programs increased from 9,138 to 11,671 (a 27.7 percent increase).[5] *Subtracting the 11,671 IDUs in treatment from the 72,000 estimated IDUs results in estimate of 60,329 at-risk IDUs.*

Los Angeles County IDUs – demographic characteristics. ADPA data from FY 2002/2003 provided the following demographic characteristics of 8,658 IDUs enrolled in drug treatment programs. The majority of clients enrolled were male (68.4%). Latinos comprised the largest proportion of those in treatment (41.0%) followed by whites (39.5%), African American (14.5%), Native American (1.2%), Asian Pacific Islander (1.0%) and others (2.8%). Less than one percent of IDUs enrolled in drug treatment programs are younger than 18 years of age (0.9%). More than half (58.3%) the IDUs in treatment are between 22 and 44 years of age. The majority of IDUs enrolled in drug treatment have between 9 and 12 years of education (79.9%). Almost nine in ten (89.7%) were unemployed and more than one-fourth had been homeless at least some time in the past year (26.1%). Among IDUs in treatment the majority were heroin users (70.4%) and 14.7% used methamphetamine as the primary drug injected. *(Please note that heroin users are more likely to be in drug treatment due to the dearth of methamphetamine treatment programs.)*

Sources of needles. Preliminary data from a CDC funded survey indicated that in the past 12 months seventy percent of IDUs surveyed had obtained needles through a needle exchange service.[6] *(This high proportion may be due to the fact that most of the 69 respondents were*

recruited at needle exchange programs.) More than half (59%) had obtained needles through a friend, acquaintance, relative or sex partner. Close to one-third (31%) had obtained needles from street based sources (shooting gallery, drug or needle dealer, or on the street). Although the CDC recommends that a new syringe be used for each injection, only 47 percent of those surveyed use a new needle each time they inject. This suggests a need for additional access to sterile syringes.

Geographical variation in availability of needle exchange programs in Los Angeles County: A qualitative study was conducted by the Department's HIV Epidemiology Program involving interviews with and observations of IDUs throughout Los Angeles County. [7] Using these data, in conjunction with zip code information from IDUs drug treatment and needle exchange program clients, priority areas can be identified for consideration for additional needle exchange services. The table below estimates the number of IDUs in each service planning area based on the 72 per 10,000 population formula. Priority areas for expansion of needle exchange services have been identified based on the availability of current needle exchange services, the number of injection drug users estimated within the services planning area and known IDU hotspots.

Service Planning Area	*Population*	*Estimated # IDUS*	*Current NEP Services*	*Priority for Expansion*
1 - Antelop Valley	305,400	2,199	None	High
2 - San Fernando Valley	1,981,961	14,270	Limited NEP services	High
3 - San Gabriel Valley	1,734,254	12,487	None	High
4 - Metro	1,144,083	8,237	NEP services	Low
5 - West	613,191	4,415	Limited NEP services	Low
6 - South	955,054	6,876	Limited NEP services	Moderate
7 - East	1,285,210	9,254	Limited NEP services	High
8 - South Bay	1,500,185	10,801	Limited NEP services	Moderate

Implementation of pharmacy-based syringe sales is not anticipated to reduce demand for needle exchange programs. An evaluation of New York's Expanded Syringe Access Program (ESAP) examined use of the program in four communities. Surveys indicated that in the South Bronx and Harlem 100% of whites, 70% of Hispanics and 0% of African Americans had purchased needles at pharmacies in the past six months. In contrast in Brooklyn and Queens, 80% of whites, 70% of Latinos and 47% of African Americans had purchased syringes in pharmacies in the past six months. The authors attributed these differences in part to the presence of needle exchange programs in the South Bronx and Harlem area (five NEPs) compared to three NEPs in Brooklyn and none in Queens. It was suggested that African American and Latinos were more hesitant to purchase syringes in pharmacies and did so only when NEPs were not accessible. [8]

In Los Angeles County, formative research indicated higher SES and professional IDUs might opt to purchase syringes from pharmacies following implementation of SB 1159. County-funded drug treatment program data suggest that most IDUs are unemployed and have little or no college education. Consequently the number of IDUs lost to needle exchange due to implementation of SB 1159 is estimated to be no more than 10 percent (the proportion of users employed at the time of entry into County-funded drug treatment programs).[9]

Variation in needle exchange program modality is important to meet IDUs' needs and maximize community acceptance. Each type of site offers a different set of advantages:

Site Type	*Advantages*
Street-based	▪ Increased accessibility for more disenfranchised users ▪ Brings needed services to the clients through linkages with other programs (e.g., drug treatment) ▪ Lowest operational cost ▪ Mobile; easy to change location when needed
Store-front	▪ Increased privacy and anonymity ▪ Setting offers a wider range of services (HIV, TB screening, etc.) ▪ Less intrusive to the community
Clinic-based	▪ Potential to provide needed health services (STD, HIV, TB screening, wound care and treatment of abscesses) ▪ Locates needle exchange services together with other preventive health services ▪ Potential to provide a wider range of health, ancillary and social services ▪ Less intrusive to the community

In Los Angeles County the majority of NEPs conduct street-based needle exchange in open-air areas. There is only one facility-based program among the City funded NEPs. This program is operated in Skid Row by Homeless Health Care (HHC) and offers a variety of wrap around services including some basic medical care and screening. The HHC program receives approximately $45,000 in City of Los Angeles funding and uses foundation grants to fund the bulk of the program. Many of the workers have been certified as HIV pre and post-test counselors and a doctor is on site two days per week to provide wound care and treatment for abscesses. If needle exchange is expanded in Los Angeles County it would be important to include sufficient funding to support a facility-based program.

Summary

Additional needle exchange services are needed. The data above indicate that there is a need to expand needle exchange services beyond the seven programs currently operating in conjunction with Los Angeles City funding. Conservative estimates indicate that there are 72,000 IDUs in Los Angeles County. National estimates indicate that approximately 10 percent of IDUs access needle exchange. Local data suggests that currently only 15 percent of IDUs currently access needle exchange services in Los Angeles County indicating the need for additional NEPs.

Both street and facility based NEPs are needed. This report focused on the two primary needle exchange modalities (street and facility based exchanges) and provides an overview of one facility based site operated by one of the City funded NEPs. This type of comprehensive site provides another option in reducing exposure to blood borne pathogens, treating wound infections and providing on-site assessment and referrals through ADPA's Community Assessment Services Coordinators. IDUs preferences vary and both street and facility based

sites are needed. Piloting both types of services would provide an opportunity to support programs that would meet the needs a variety of Los Angeles County's diverse IDU population.

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Although there are no definitive studies on the impact of pharmacy based syringe sales on needle exchange programs research suggests that the two access points (NEPs and pharmacies) service different but sometimes overlapping populations. In New York, pharmacy sales were more used by a more diverse set of IDUs in areas where needle exchange was less readily accessible. In areas where needle exchange was more accessible, fewer African American and Latino IDUs purchased syringes. NEPs offer a broader set of services (including on-site disposal) than pharmacy based syringe sales programs. IDUs that only need syringes and can afford to buy them may find pharmacy-based purchasing preferable. However for homeless, poor and other high need IDUs, being able to obtain syringes at no cost and the additional services provided by NEPs will keep demand high.

It is estimated that there are approximately 21,700 potential IDUs that would benefit from expanded NEP services.

The table below estimates of the number of IDUs that could be reached though expansion of certified needle exchange services.	
Estimated Number of IDUs in Los Angeles County	72,000
IDUs in Drug Treatment Programs	-11,671
IDUs in LA City Funded NEPs	-11,000
Current NEP clients estimated to purchase syringes in pharmacies (10% of current NEP users)	-1,100
IDUs projected to be served by additional NEPs	48,229
Numbers estimated to want NEP services *(45% of IDUs are estimated to currently share needles. This estimate assumes all at-risk will want to participate in NEP services.)*	**21,703**

Recommendations for Expansion of Certified Needle Exchange

The Department recommends implementing certified needle exchange services in a two-phase process that would not only certify the current exchange programs but also provide funding for expansion into priority areas of the County.

Phase I (Year One): Pilot Certified Needle Exchange Services

- Use Master Tobacco Settlement Agreement funds to support certified needle exchange services. Two types of needle exchange programs sites would be supported with $250,000 made available to fund at least four street-based needle exchange programs and $250,000 made available for one storefront-based site. Pending approval by the Board to use Tobacco Settlement funds, the Department will issue a Request for Applications for Certified Needle exchange services.

- Pilot the resulting programs for one year and evaluate programs at 6 and 12 months.

- Implement pharmacy-based syringe sales as an additional method to increase access to sterile syringes.

Phase II (Year Two) – Expand Certified Needle Exchange Services

- Pending evaluation of Year One utilization and availability of funding, the Department will issue a Request for Applications for $1,000,000 to fund additional street-based and storefront-based needle exchange programs.

- Evaluate and refine certified needle exchange and pharmacy syringe sales programs

Next Steps

We are in the process of revising our needle exchange certification documents including the Needle Exchange Certification Implementation Plan, Policies and Procedures Manual, and Request for Applications (RFA). Pending Board approval of the use of Tobacco Master Settlement Agreement funds we will re-convene the Needle Exchange Certification Workgroup and prepare to release the RFA for certification and expansion of needle exchange services.

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[1] Longshore D, Annon J, Anglin MD. 1998. Long-term trends in self-reported HIV risk behavior: injection drug users in Los Angeles, 1987 through 1995. *J Acquir Immune Defic Syndr Hum Retrovirol.* 18:64-72.

[2] Estimating Number of Injection Drug Users in Metropolitan Areas of Structural Analysis for Community Vulnerability and for Assessing Relative Degrees of Service Provision for Injecting Drug Users. SR Friedman, B Tempalski, H Cooper, T Perlis, M Keem and R Friedman and PL Flom Journal of Urban Health, Bulletins of the New York Academy f Medicine, Vol 81, No. 3, 2004 pp 377-400

[3] HIV prevention in Injection Drug Users, HIV Insite Knowledge Base Chapter, November 1998, D.R. Gibson, at http://hivinite.ucsf.edu/InSite?page=kb-07&doc=kb-07-04-01-01 accessed on 6/16/2005

[4] Lindensmith Center – Drug Research Foundation, Sacramento, Research Brief: Syringe Access March 2001. Cited Purchase D. North American Syringe Exchange Network. Personal Communication Tacoma, Washington, June

1997. National Institutes of Health Consensus Panel. Intervention to Prevent HIV Risk Behaviors: Draft Statement. Washington, DC: National Institutes of Health; 1997. Des Jarlais DC, Personal communication, March 1, 2001

[5] Los Angeles County Alcohol and Drug Program Administration data for FY 03/04 and FY 04/05 data

[6] Los Angeles County HIV Epidemiology Program, National HIV Behavioral Surveillance – Injecting Drug Users: Final Formative Assessment Report, May 2, 2005

[7] See HIV Epidemiology Program data (number 6 above).

[8] New York State Expanded Syringe Access Demonstration Project (ESAP) Evaluation Report to the Governor and State Legislature. Center for Urban Epidemiology, New York Academy of Medicine, January 15, 2003.

[9] See number 3 above.

[10] New York State Expanded Syringe Access Demonstration Project (ESAP) Evaluation Report to the Governor and State Legislature. Center for Urban Epidemiology, New York Academy of Medicine, January 15, 2003.

[11] See number 3 above.